			Docket Number
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			970054.488USPC
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			
Application Number 10/539,502			Filed January 17, 2006
For LOAD SENSING ON A ROTOR BLADE OF A WIND POWER PLANT			
Art Unit 3745			Examiner Devin J. Hanan
This is a request under the provisions of 37 CFR 1,136(a) to extend the period for filling a			
reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below);			
iee below).	<u>Fe</u>	e <u>Small E</u>	ntity Fee
One month (37 CFR 1.17(a)	(1)) \$1	20 \$6	50 \$
Two months (37 CFR 1.17(a	a)(2)) \$4	60 \$2	30 \$
Three months (37 CFR 1.17	(a)(3)) \$10	150 \$5	25 \$ <u>1050</u>
Four months (37 CFR 1.17)	a)(4)) \$16	40 \$8	20 \$
Five months (37 CFR 1.17(a	a)(5)) \$22	30 \$1	115 \$
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge the above fees, or credit any overpayment,			
to Deposit Account Number <u>19-1090</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the ☐ applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71			
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
x attorney or agent of record. Registration No. <u>57,862</u>			
attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34			
/Jason T Evans/	/Jason T Evans/		August 25, 2008
Signature		Date	
Jason T. Evans	Jason T. Evans		06-622-4900
Typed or printed name Telephone Number			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required.
SEND TO: Commissioner for Patients, PO Box 1450, Navandia, VA 2231-3430.

1224:380_1.DDC